Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) __8__/ Event Description: Dodgers Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

Megan Moret Ticket Administrator 8/8/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Dodgers Date(s) 8 Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

Maye read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

4. Verification

Comment:

with the requirements/

Signature of Agency Head or Designee

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

8/8/18

(month, day, year)

Ticket Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{45}{}$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Dodgers Date(s) __8 Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

Megan Moret Ticket Administrator 8/8/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) __8_/_ Event Description: Dodgers Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

Verification

rnave read and understand FPFC Regulat	ions 18944.1 and 18942.1 nave	e verillea that the distribution set forth ab	ove, is in accordance
with the requirements.			
	Megan Moret	Ticket Administrator	8/8/18

Signature of Agency Head or Designee

Comment: _

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes No No Event Description: Dodgers Date(s) __8_/_ Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4.	V	е	ri	ti	ca	ti	0	n	

Comment:

I ha	ve read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth a	bove, is in accordance
	the requirements.				

	Megan Moret	Tick
Signature of Agency Head or Designee	Print Name	_

et Administrator

8/8/18

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
. Agency Name	Date Stamp	California 802		
County of Los Angeles		Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only		
Board of Supervisors First District		1		

	County of Los Angeles						Form OUZ
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Board of Supervisors, First I	District					
	Designated Agency Contact	(Name, Title)					
	Megan Moret, Ticket Admini	istrator				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				-	2002 6
	213.974.4111	mmoret@bos.	lacount	y.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Yes 🗌	No 🗆	Face Value of I	Each Ticket/Pass \$ 45	
	Event Description: Dodgers				Date(s)8	, 13 , 18	7 /
		Provide Title	/ Explanati	on		-	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🛭	If no: Dodgers	Name of Source	
	Was ticket distribution made	at the behest	V00 🎞	Na IV	If yes:		
	of agency official?	at the benest	res 🗀	No 🔼	, 00	Official's Name (Last, First)	
3.	Recipients						
	• Use Section A to identify the agen	cy's department or u	nit. • Use		o identify an individ	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depa	ertment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	staff			2	Per Ticket Po	olicy 5.3 (k)	

	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
						onial Role Other Other ing "Ceremonial Role" or "Other" descriptions	Income Income
				(10)	P. Common	onial Role Other on "Other" descripting "Ceremonial Role" or "Other" descriptions	Income Income
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy
						3	
١.	Verification I have read and understand FP	PC Regulations 1	8944.1 &	and 18942	. I have verified ti	hat the distribution set for	th above, is in accordance
	with the requirements.	/					
	Signature of Agency Head or Designo		Megan Print N			Ticket Administrator	8/8/18 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Pub	lic	Docu	ment
I UN			

1.	Agency Name					Date Stamp	California Q02	
	County of Los Angeles			Form OUZ				
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only				
	Board of Supervisors, First [District						
	Designated Agency Contact (Name, Title)	1					
	Megan Moret, Ticket Admini	strator				Amandment (Must D	royida Evalanatian in Bart 2)	
	Area Code/Phone Number	E-mail		800	10.000	Amendment (Musi Pi	rovide Explanation in Part 3.)	
	213.974.4111	mmoret@bos	.lacoun	ty.gov		Date of Original Filing: -	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	et policy?	Yes 🗆	No □ F	ace Value of I	Each Ticket/Pass \$ $\frac{45}{}$		
	Event Description: Dodgers				Date(s)8/	, 14 , 18	7	
	Event Description.	Provide Title	/ Explana	tion	Date(s)			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🗵	f no: Dodgers			
						Name of Source		
	Was ticket distribution made	at the behest	Yes 🗌	No 🗵	f yes:	Official's Name (Last, First)		
	of agency official?							
3.	Recipients	- Mildeline						
<i>,</i> .	• Use Section A to identify the agen	cv's department or 1	ınit • Us	se Section B to	identify an individ	ual • Use Section C to identi	fy an outside organization	
	- ose section is to identify the agen	cy sucpartment of t	IIII. Os	Number	T	uai. Cse Section C to identi	ry an outside organization.	
	A. Name of Agency, Depa	rtment or Unit		of Ticket(s)/	Describe the	suant to the agency's policy		
	staff	Passes Per Ticket		Per Ticket Po	olicy 5.3 (k)			
	otan			2	l el licket i	Jiley 3.3 (K)		
						11 11 12 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		are a second						
	B. Name of Indi			Number of Ticket(s)/		Identify one of the following:		
	(Last, Firs	it)		Passes				
					1	onial Role Other O		
					II check	ing "Ceremonial Role" or "Other" des	cribe below:	
						onial Role Other		
					If check	ing "Ceremonial Role" or "Other" desi	cribe below:	
						aleksia 1		
	C. Name of Outside Or			Number of Ticket(s)/ Describe th		e public purpose made pursuant to the agency's policy		
	(include address and	description)		Passes				
. \	Verification							
	I have read and understand FPI	PC Regulations 1	8944 1	and 18942	I have verified ti	hat the distribution set for	rth above is in accordance	
١	with the requirements.	e riogaratione i	00 / ///	ana 100 12.	mare remod a	rat the distribution set for	in above, io in accordance	
			Menar	n Moret		Ticket Administrator	8/8/18	
	Signature of Agency Head or Designe			Name		Title	(month, day, year)	
	V						(month, day, year)	
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) __8__/_ Event Description: Dodgers 15 / Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Per Ticket Policy 5.3 (k) staff 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income _ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand FPPC Regula	ations 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, is in accordance
with the requirements.			
	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

Comment: __

	eremonial Role Even	ts and Ticke	t/P	ass Dist	ributions	A	Public Document
1.	Agency Name					Date Stamp	California 802
	County of Los Angeles						10.111
	Division, Department, or Reg	ion (if applicable)				1	For Official Use Only
	Board of Supervisors, First I	District					
	Designated Agency Contact	(Name,Title)				1	
	Megan Moret, Ticket Admini	strator				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			to.		
	213.974.4111	mmoret@bos.la	cou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				41	=
	Does the agency have a tick	ket policy? Y	es [] No □	Face Value of	Each Ticket/Pass \$ 45	0
	Event Description: Dodgers				Date(s)8	<u>, 20 , 18 </u>	
	Ticket(s)/Pass(es) provided	Provide Title/ E			If no: Dodgers		
	ricket(s)/r ass(es) provided	by agency:	esL] No ⊠	II 110. <u> </u>	Name of Source	· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made	at the behest y	es [] No 🛛	If yes:	Official's Name (Last, First)	
	of agency official?					Oπiciai s Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depare		it. • 1	Use Section B to Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	tify an outside organization.
	staff			2	Per Ticket Po	olicy 5.3 (k)	
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the t	following:
						nonial Role Other Ching "Ceremonial Role" or "Other" de	
						nonial Role Other ching "Ceremonial Role" or "Other" de	Table 1
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	rsuant to the agency's policy
<u>-</u>	Verification	NAME OF THE OWNER OWNER OF THE OWNER OWNE		lle de president			
	I have read and understand FP with the requirements.	PC Regulations 18	944.	1 and 18942	. I have verified t	hat the distribution set fo	orth above, is in accordance
				an Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Design	ee/	Pri	nt Name		Title	(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
_	Agency Name				Date Stamp	
	County of Los Angeles					California 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admin	istrator				
	Area Code/Phone Number	E-mail			. Amendment (Must Pro	ovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{45}{}$	
	Event Description: Dodgers	Provide Title/ Explar	[Date(s)8	, 21 , 18	
	Ticket(s)/Pass(es) provided			f no: Dodgers	Name of Source	-
	Was ticket distribution made of agency official?	at the behest Yes [f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the follonial Role Other ing "Ceremonial Role" or "Other" descr	Income
					onial Role Other or "Other" description of the control of the co	Income In
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
				1		

4. Verification

Ihave	read and understand FP	PC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth abo	ve, is in accordance
with the	e requirements.					

	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Dodgers Date(s)_ Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Per Ticket Policy 5.3 (k) staff 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret Ticket Administrator 8/8/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	J	A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)	1	For Official Use Only
Donal of Companies on First District		

County of Los Angeles					Form For Official Use Only
Division, Department, or Reg			For Official Ose Offig		
Board of Supervisors, First I					
Designated Agency Contact					
Megan Moret, Ticket Admin				Amendment (Must Pro	vide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filings	
213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a ticl	ket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$ 45	
Event Description: Dodgers			Date(s)8	_/ 24 _/ 18	
Event Description.	Provide Title/ Explan	nation	Jaie(5)		
Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🛛 📗	f no: Dodgers		
Man tiplest distribution mande		I	f yes:	Name of Source	
Was ticket distribution made	e at the benest Yes [_ No⊠ '	ı yes	Official's Name (Last, First)	
of agency official?					
3. Recipients					
• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pursu	ant to the agency's policy
	artmont of onit	Passes			tunt to the agonoy o poney
staff		2	Per Ticket P	olicy 5.3 (k)	
		_			
B. Name of Indi		Number of Ticket(s)/		Identify one of the fol	lowing:
(Last, Fir	st)	Passes			
				nonial Role Other Oth	Income I
			, wonco	ing determinativole of other deser	De Bolow.
				nonial Role Other Oth	Income L
		Number	Marine to a constitution		
C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
■ Containing and Containing Cont		rasses			
-			<u> </u>		
l. Verification					
I have read and understand FP	DC Populations 19044	1 and 190/2	I have varified	that the distribution set for	th above is in accordance
with the requirements.	PC Regulations 16944.	. 1 anu 10942.	i nave venneu i	rial life distribution set for	in above, is in accordance
	Mag	an Moret		Ticket Administrator	8/8/18
Signature of Agency Head or Design		int Name		Title	(month, day, year)
					#interpretation of the temperature of temperature of temperature of t
Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A	Public Doo	ument
1. Agency Name	Date Stamp	California Form	202
County of Los Angeles		Form	UUL

1. A	Agency Name				Date Stamp	California 802
C	County of Los Angeles			I-OIIII OOL		
D	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
В	Board of Supervisors, First D	District				
D	Designated Agency Contact (Name, Title)				
Ν	Megan Moret, Ticket Admini	strator	Amendment (Must Pro	ovide Evelenation in Bort 2.)		
Ā	rea Code/Phone Number					ovide Explanation in Fart 5.)
2	213.974.4111	mmoret@bos.laco	unty.gov		Date of Original Filing: _	(month, day, year)
2. F	Function or Event Infor	mation				
	Does the agency have a tick	et policy? Yes	□ No□ F	ace Value of	Each Ticket/Pass \$ <u>⁴⁵</u>	
E	Event Description: Dodgers		D	ate(s)8	25 / 18	
Т	Ficket(s)/Pass(es) provided			no: Dodgers		
	nonon(o)// doo(oo) providod	ay agency. 100			Name of Source	
	Vas ticket distribution made	at the behest Yes	□ No⊠ ^{If}	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the agen	cy's department or unit.		dentify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agen	
	staff		2	Per Ticket Po	olicy 5.3 (k)	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	Cerem	Identify one of the fo	llowing:
				If check	ring "Ceremonial Role" or "Other" desc	
•		5-100			nonial Role Other Oth	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
•						
4. \	/erification					
1	have read and understand FR vith the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
_			gan Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)
(Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name					Date Stamp	California Q02
	County of Los Angeles						Form OUZ
	Division, Department, or Reg	jion (if applicable)		For Official Use Only			
	Board of Supervisors, First	District					
	Designated Agency Contact	(Name, Title)					
	Megan Moret, Ticket Admin	istrator				Amendment /Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Amendment (wast)	Tovide Explanation III I art 5.)
	213.974.4111	mmoret@bos	.lacou	nty.gov		Date of Original Filing: .	(month, day, year)
<u>_</u>	Function or Event Infor	mation					(
۷.	Does the agency have a tic		V -	7 N. 🗖 📗	Face Value of	Each Ticket/Pass \$ 45	
		45 858	Yes [
	Event Description: Dodgers	Provide Titl	a/Funtan		Date(s)8	<u> 26 / 18 </u>	
	Ticket(s)/Pass(es) provided				If no: Dodgers		
	Ticket(3)/1 ass(cs) provided	by agency:	Tes L	I INO EL	1110.	Name of Source	
	Was ticket distribution made	e at the behest	Yes [] No⊠ [lf yes:	Official's Name (Last, First)	
	of agency official?					Official's Name (Last, First)	
_							
3.	Recipients		70 E				
	Use Section A to identify the ager	ncy's department or	unit. • U		identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the age			suant to the agency's policy
	staff			2	Per Ticket Pe	olicy 5.3 (k)	
	B. Name of Individual			Number of Ticket(s)/		Identify one of the following:	
	(Last, Fir	rst)	,	Passes			
						nonial Role Other C	7
					II CHECK	ang Ceremonia Noie of Other des	scribe below.
**							
						nonial Role Other Cing "Ceremonial Role" or "Other" des	
					ii check	ang deremoniar Note of Other des	conde below.
				N			
	C. Name of Outside O		127	Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
	(Passes			
			- 1				
_							
4.	Verification						
	I have read and understand FF	PPC Regulations	18944.	1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
	with the requirements.						
Megan Moret					Ticket Administrator	8/8/18	
	Signature of Agency Head or Design	nee	Pri	nt Name		Title	(month, day, year)
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Los Angeles **Form** For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{45}{}$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Dodgers Date(s) 8 Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand FPPC Reg

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Ticket Administrator

8/8/18

Signature of Agency Head or Designee

Comment: _

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Los Angeles **Form** For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Dodgers Date(s) ___8__/_ 31 Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** staff Per Ticket Policy 5.3 (k) 2 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

with the requirements.	alions 18944.1 and 18942.1 nave	e verified that the distribution set forth a	bove, is in accordance
	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			